

Audits Branch - Southern Region 11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650-2015 Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Marvin J. Southard, D.S.W., Director Los Angeles County Department of Mental Health 550 So. Vermont Avenue. 12th Floor Los Angeles, CA 90020

Dear Dr. Southard:

AUDIT REPORT - MARTIN LUTHER KING JR./DREW MEDICAL CENTER

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Martin Luther King, Jr./Drew Medical Center, for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal – FFP	\$ 3,272,692	\$ 3,075,401	\$ (197,291)

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report.

Your notice of disagreement should be directed to Vickie P. Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, Jr. MBA, EA

Chief

RAQUÉL E. RIOS, Supervisor Audits – Southern Region

Enclosures

CERTIFIED MAIL



Audits Branch – Southern Region 11401 S. Bloomfield Ave., Bldg. 203, Norwalk, CA 90650 Telephone: (562) 406-3929 Fax: (562) 406-3951

May 20, 2008

Helen Jew, Head of State Reimbursement Section Los Angeles County Department of Health Services 313 No. Figueroa Street, Room 426 Los Angeles, CA 90012

Dear Ms. Jew:

Attached is a copy of our audit report of your 2002-2003 Fiscal Year operation concerning the Short-Doyle/Medi-Cal program.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

RAQUEL E. RIOS Audits Supervisor

Attachment

SCHEDULE 1

LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: MARTIN LUTHER KING/DREW MEDICAL CENTER LEGAL ENTITY NUMBER: 00503

| NET REIMBURSABLE MEDI-CAL | PROGRAM COST | Sch. 2) | \$ 3,272,692 \$ (197,291) \$ 3,075,401

MARTIN LUTHER KING/DREW MEDICAL CENTER LOS ANGELES COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

					Audit	
Total Madi Cal Cross Balmburgament		-	As Settled	. <u>A</u>	<u>djustments</u>	As Audited
Total Medi-Cal Gross Reimbursement 1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	s	3,187,272	•	(414,252) \$	2,773,020
 Inpatient SD/MC Outpatient SD/MC 	(MH 1968, Ln 11, 11A)	J	3,405,005	•	(9,657)	3,395,348
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0,405,005		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	_	0			0
9. Total		\$_	6,592,277	s —	(423,909) \$	6,168,368
Less: Patient & Other Payor Revenues						1.00.000
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$	177,867	\$	(14,179) \$	163,688
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)		20,772		2,561	23,333
 Enhanced SD/MC (Children)-I/P Enhanced SD/MC (Children)-O/P 	(MH 1968, Ln 29)		0		0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH 1968, Ln 29) (MH1968, Ln 30)		0		0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)		0		0	0
18. Total	, , ,	\$	198,639	s	(11,618) \$	187,021
W 110 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N		-		_		
Medi-Cal Net Reimbursement for Direct Service		•	3 000 405	•	(400,073) \$	2,609,332
19. Inpatient SD/MC (Incl Children Enhan)20. Outpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12) (Ln 2,4 - Ln 11,13)	\$	3,009,405 3,384,233	\$	(12,218)	3,372,015
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0,364,233		0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)		0		0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)		0		0	0
25. Total	,	\$_	6,393,638	s_	(412,291) \$	5,981,347
Medi-Cal MAA Reimbursement						
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	s	0	\$	0 \$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	-	0	-	0	0
28. Total		\$ <u></u>	0	s_	<u> </u>	0
Amount Negotiated Rates Exceed Cost						
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0	· _ —		0
35. Total		\$ =	0	· ^{\$} =	<u>0</u> \$_	
Net Reimbursable Cost - FFP						
36. Direct Services	(MH1979, Ln 16, 16A)	\$	3,272,692	\$	(197,291) \$	3,075,401
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)		0		0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)		0		0	0
39. MAA	MH 1979, Ln 11, 12)		0		0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)		0		0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	<u>,</u> -	2 272 602	· • —	(107.201)	2.075.401
42. Total - FFP		\$_	3,272,692	· \$	(197,291) \$	3,075,401
Contract Maximum		\$_=	3,272,692	\$	3,153,860 \$	6,426,552
Lower of Net Reimbursable Cost or Contract M	(aximum	\$_	3,272,692	s	(197,291) \$_	3,075,401
		_				(To Sch.1)

Provide		ner King,	, Jr./Dre	w Medical Center	Entity Number 00503	No. of Adj. 17		Fiscal Pe 07/01/02		
	Report Re	ference				As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENT	S 	Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO SETTLED COSTS						
1	MH 1961 MH 1961	1 2	B B	Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19		\$ 0 \$ 0	_ _	(3,212) (1,997) (5,209)	\$ -	(3,212) (1,997) (5,209)
				To adjust settled physician and ancillary costs to audited amount be of provider documents.	ased on review					
2	MH 1964	2		Hospital Inpatient Services		\$ 10,458,385	\$	(5,210)	\$	10,453,175
				To reflect the effect of cost adjustment on settled mode of service of	ost.					
3	MH 1991 MH 1991		G H	Physician Costs - Administrative Days - 05/19 Ancillary Costs - Administrative Days - 05/19		\$ 47,984 23,659 \$ 71,643	s s	(3,212) (1,997) (5,209)	\$ \$_	44,772 * 21,662 * 66,434
				To reflect the effect of cost adjustments on settled physician and ar inpatient administrative days.	cillary costs for					
4	MH 1966	3	С	Gross Cost - 05/19		\$ 838,074	\$	(5,209)	\$	832,865
				To adjust reported inpatient administrative days gross cost to reflect adjustment to physician and ancillary costs.	t audit					
	I.									
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.						_

Provider		121	· //	AA Nada	Entity Number	No. of Adj.	la contraction of the contractio	iod Ended
			Jr./Dre\	w Medical Center	00503	17	07/01/02 1	o 06/30/03
	Report Re	ference	_			As	Increase	As
Adj.	Form/	ļ		EXPLANATION OF AUDIT ADJUSTMEN	ITS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					<u> </u>
				ADJUSTMENTS TO SETTLED COSTS, CONT'E).			
5	MH 1991		G	Physician Costs - Administrative Days - 05/19	**	\$ 44,772	\$ 0	\$ 44,772
	MH 1991		Н	Ancillary Costs - Administrative Days - 05/19	**	21,662	0	21,662
	}	ļ 		To reflect audited physician and ancillary costs for each period of 1991.	service on MH			
				ADJUSTMENTS TO SETTLED PATIENT STATIST	ics			
6	MH 1966	2	В	 Total Units 05/10		8,798	(135)	8,663
		2	С	Total Units 05/19		2,419	` -	2,419
		2	В	Total Units 10/24		67,740	2,039	69,779
	ļ	2	В	Total Units 15/04		32,225	-	32,225
	l .	2	C	Total Units 15/10		42,911	-	42,911
	ľ	2	D	Total Units 15/34		47,322	-	47,322
		2	E	Total Units 15/42 Total Units 15/52		553,683	850	554,533
	ì	2	G	Total Units 15/62		60,126 372,346	665	60,126 373,011
		2	H	Total Units 15/77		50,360	3,850	54,210
		2	В.	Total Units 45/10		1,239	-	1,239
		2	С	Total Units 45/20		210	•	210
			ļ	To adjust reported total units of service to agree with RGMS 701	U-P.	1,239,379	7,269	1,246,648
7	MH 1966	8	Total	Medi-Cal Units @ 51.40%		199,221	1,269	200,490 *
	MH 1966	8A	Total	Medi-Cal Units @ 51.42%		470,311	4,479	474,790 *
	MH 1966	9	Total	Medicare/Medi-Cal Crossover Units @ 51.40%		754	(227)	527
	MH 1966	9A	Total	Medicare/Medi-Cal Crossover Units @ 51.42%		3,077	(1,540)	1,537
	MH 1966	10	Total	Enhanced - Children @ 65.88%		-	0	0
	MH 1966 MH 1966	10A 11	Total	Enhanced - Children @ 65.88%		-	0	0
	MH 1966	11A	Total Total	Healthy Families Units @ 65.88% Healthy Families Units @ 65.88%		-	١	Ü
	Will 1900	''^	Total	Total		673,363	3,981	677,344
		 		To adjust settled Medi-Cal units of service to agree with State DN units of service.	ИН approved			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider		or Vina	Ja /Dass	w Madical Conta-	Entity Number 00503	No. of Adj.	Fiscal Per 07/01/02 T	
			. JI./DIE	w Medical Center	00503	17	07/01/02 1	
	Report Re	terence		EVEL ANATION OF AUDIT AD MOTAFIA	170	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	115	Keported	(Declease)	Adjusted
_				ADJUSTMENTS TO SETTLED PATIENT STATISTICS,	CONT'D.			
8	MH 1966	8	В	Medi-Cal Units @ 51.40%	**	200,490	(951)	199,539 *
Ū	MH 1966	8A	c	Medi-Cal Units @ 51.42%	**	474,790	(1,776)	473,014 *
						675,280	(2,727)	672,553
				To adjust Medi-Cal units of service to include County edited inva approved units of service.	lid Medi-Cal			
9	MH 1966	8	В	Medi-Cal Units @ 51.40% 05/10		891	29	920
	MH 1966	8A	В	Medi-Cal Units @ 51.42% 05/10		2,329	(70)	2,259
	MH 1966 MH 1966	8 8A	C	Medi-Cal Units @ 51.40% 05/19 Medi-Cal Units @ 51.42% 05/19		346 925	(29) 70	317 995
	14117 1300			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		923	0	995
				To adjust audited inpatient Medi-Cal units to agree with service for per County MHMIS report.	unction changes			
10	MH 1966	8		Medi-Cal Units @ 51.40%	**	199,539	(13)	199,526 *
	MH 1966	8A	l	Medi-Cal Units @ 51.42%	**	473,014 672,553	(150) (163)	472,864 * 672,390
				To disallow approved inpatient Medi-Cal units for clients who are pregnancy and emergency services only and those without proof W. & I. Code Section 5719 and DMH Aid Code Master Chart.				
						4.074	(440)	4.400
11	MH 1991		E	SD/MC Administrative Days		1,271	(143)	1,128
				To reflect the effect of Medi-Cal units of service audit adjustment Cal inpatient administrative days on form MH 1991.	s on settled Medi-			
			ł	* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide		er Kina	Ir /Drev	v Medical Center	Entity Number 00503	No. of Adj. 17	1	riod Ended To 06/30/03
	Report Re							1
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO SETTLED PATIENT STATISTICS,	CONT'D.			
12	MH 1966	8A		Medi-Cal Units @ 51.42%	**	472,864	(670)	472,194
				To include August 2004 Medi-Cal Oversight disallowances to Med services units.	di-Cal			
13	MH 1966	8		Medi-Cal Units @ 51.40%	*i	199,526	(3,397)	196,129
		-	1.	To include April 2003 Medi-Cal Oversight inpatient day review adless Medi-Cal exceptions. Title 9, Chapter 11, Section 1810.380.	iustments			
				ADJUSTMENTS TO SETTLED REVENUES				
14	MH 1968 MH 1968 MH 1968 MH 1968 MH 1968 MH 1968	28 28A 28 28A 28A 28	Е Е G H H	Patient and Other payor Revenues @ 51.40% - I/P Patient and Other Payor Revenues @ 51.42% - I/P Patient and Other Payor Revenues @ 51.40% - D.S. Patient and Other Payor Revenues @ 51.42% - D.S. Patient and Other Payor Revenues @ 51.40% - O/P Patient and Other Payor Revenues @ 51.42% - O/P Total To adjust settled Patient & Other Payor revenues to agree with M revenue based on ratio of audited Medi-Cal cost to audited total cost.	edi-Cal share of	\$ 48,857 129,010 5,341 13,846 489 1,095 \$ 198,638	\$ (7,444) (6,735) 642 1,835 11 74 \$ (11,617)	\$ 41,413 122,275 5,983 15,681 500 1,169 \$ 187,021
				SETTLEMENT ADJUSTMENTS				
15	MH 1979 MH 1979	23 27	n n	Adjusted Total SD/MC Reimbursement (FFP) Total Healthy Families Reimbursement To reflect the effect of audit adjustments on settled total Short-Do Cal FFP reimbursement.	yle/Medi-	\$ 3,272,692 \$ 3,272,692	\$ (197,291) \$ (197,291)	\$ 3,075,401 \$ 3,075,401
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider			In /Dan	. Madical Caster	Entity Number 00503		No. of Adj. 17		Fiscal Po		d Ended 06/30/03	
	Report Re		JI./DIE	v Medical Center	00000	}_		+		70 0		
Adj.	Form/	<u> </u>		EXPLANATION OF AUDIT ADJUSTMEN	ITS		As Reported		Increase (Decrease)		As Adjusted	
No.	Sch	Line	Col.					-		1		
				SETTLEMENT ADJUSTMENTS		Į .						
16	Sch 2	}		Contract Maximum		\$	3,272,692	\$	3,153,860	\$	6,426,552	
				To reflect County funds available to match Medi-Cal FFP.								
17	Sch 2			Lower of Net Reimburseable Cost or Contract Maximum		\$	3,272,692	\$	(197,291)	\$	3,075,401	
				To reflect the lower of audited net reimbursable Medi-Cal FFP co contract maximum.	st or							
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	1											
	1											
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.								

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

	Legal Entity: MARTIN LUTHER KING/DREW MED	A	В	С
Leg	gal Entity Number: 00503	Salaries		Total
		and Benefits	Other _	Costs
1	Mental Health Expenditures		22,261,599	22,261,599
2	Encumbrances			
3_	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments		22,261,599	22,261,599
6	Medi-Cal Adjustments from MH 1961			(5,209)
7_	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			22,256,390
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			A PERSONAL PROPERTY.
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			or of the same
14	Other SD/MC Utilization Review			The state of the s
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
				1
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			22,256,390
[19]	Total Costs - Lines 9 through 18			22,256,390

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **MEDI-CAL ADJUSTMENTS TO COSTS** MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

	Legal Entity: MARTIN LUTHER KING/DREW MEDI	Α	В	C
Le	gal Entity Number: 00503	Salaries		Total
		and Benefits	Other	Adjustments
1	Physician Costs		(3,212)	(3,212)
2	Ancillary Costs		(1,997)	(1,997)
3				
4				
5				
6				
7_				,
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(5,209)	(5,209)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY **ALLOCATION OF COSTS TO MODES OF SERVICE** MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

	Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER	Α
Le	gal Entity Number: 00503	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	22,256,390
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	10,453,175
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	7,329,371
5	Outpatient Services (Mode 15 Program 1 + Program 2)	4,447,185
6	Outreach Services (Mode 45)	26,658
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	22,256,390

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1 Fiscal Year 2002-2003

County: Los Angeles

Healthy Families SMA Upper Limits

lealthy Families Published Charges

Healthy Families Negotiated Rates

33 Non-Medi-Cal Costs

30A

31A

32 32A

County Code: 19

NR CR Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER С Legal Entity Number: 00503 Service Service Service Service Service Service Mode: 05 - Hospital Inpatient (SFC 10-19) Mode Total **Function** Function Function Function Function Function 10 19 1 | Allocation Percentage 92.03% 100.00% 7.97% 2 Total Units 2,419 832,865 8,663 Gross Cost 10,453,175 9,620,310 Cost per Unit 344.30 1.110.51 SMA per Unit 838.20 235.96 Published Charge per Unit
Negotiated Rate / Cost per Unit 1,775.00 1,775.00 235.96 838.20 07/01/02 - 09/30/02 907 774 133 Medi-Cal Units 8A 10/01/02 - 06/30/03 3.054 2.059 995 07/01/02 - 09/30/02 3 Medicare/Medi-Cal Crossover Units 9A 75 10/01/02 - 06/30/03 75 10 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Units 10/01/02 - 06/30/03 108 Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 11 Healthy Families (SED) Units 07/01/02 - 09/30/02 10/01/02 - 06/30/03 12 Non-Medi-Cal Units 7.043 5.752 1.291 07/01/02 - 09/30/02 898.752 859.531 39,221 Medi-Cal Costs 13A 10/01/02 - 06/30/03 2.580.330 2.286.531 293,799 07/01/02 - 09/30/02 687,988 648,767 39,221 Medi-Cal SMA Upper Limits 14A 10/01/02 - 06/30/03 2,019,653 1,725,854 293,799 15 Medi-Cal Published Charges 07/01/02 - 09/30/02 1,373,850 1,413,071 39,221 10/01/02 - 06/30/03 3.948,524 3,654,725 293,799 16 648,767 07/01/02 - 09/30/02 687,988 39,221 Medi-Cal Negotiated Rates 16A 10/01/02 - 06/30/03 293,799 2.019.653 1,725,854 07/01/02 - 09/30/02 3,332 3,332 Medicare/Medi-Cal Crossover Costs 10/01/02 - 06/30/03 83,288 83,288 18 Medicare/Medi-Cal Crossover SMA Upper Limits 07/01/02 - 09/30/02 2,515 2,515 10/01/02 - 06/30/03 62,865 62,865 19 Medicare/Medi-Cal Crossover Published Charges 07/01/02 - 09/30/02 5.325 5,325 10/01/02 - 06/30/03 133,125 133,125 07/01/02 - 09/30/02 2,515 2,515 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 62,865 62,865 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Costs 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SD/MC (Children) SMA Upper Limits 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Enhanced SD/MC (Children) Published Charges 10/01/02 - 06/30/03 24A Enhanced SD/MC (Children) Negotiated Rates 07/01/02 - 09/30/02 10/01/02 - 06/30/03 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03
 28
 Enhanced SD/MC (Refugees) SMA Upper Limits
 07/01/02 - 06/30/03

 27
 Enhanced SD/MC (Refugees) Published Charges
 07/01/02 - 06/30/03
 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 29A 07/01/02 - 09/30/02 Healthy Families Costs 10/01/02 - 06/30/03 30 07/01/02 - 09/30/02

6,887,474 6,387,628

499,845

10/01/02 - 06/30/03 07/01/02 - 09/30/02

10/01/02 - 06/30/03

07/01/02 - 09/30/02

10/01/02 - 06/30/03

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: Los Angeles County Code: 19

NR

DETAIL COST RÉPORT

	County Code: 19			NR					
	Legal Entity: MARTIN LUTHER KING/DREW	MEDICAL CENTER	A	В	С	D	E	F	G
Leg	al Entity Number: 00503			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function_	Function _	Function	Function	Function	Function
_	Allocation Descention		100-001	24				<u> </u>	
	Allocation Percentage Total Units		100.00%	100.00%			· · · · · · · · · · · · · · · · · · ·	 	
	Gross Cost		7,329,371	69,779				 	
		00000000000000000	1,329,371	7,329,371	9000000000	3000000000	000000000	2000200000000	0000000000
	Cost per Unit			105.04				ļ	
	SMA per Unit			82.94				 	
	Published Charge per Unit Negotiated Rate / Cost per Unit			158.00					
222	rvegotiated Rate / Cost per Offit	400000000000000000000000000000000000000		82.94			HECOE STREET	44400000000	10000000000
<u> </u>	Medi-Cal Units	07/01/02 - 09/30/02		4,526					
Α		10/01/02 - 06/30/03		11,579		<u> </u>	 _	L	
	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		524		ļ			
A		10/01/02 - 06/30/03		1,462		<u> </u>	<u> </u>	<u> </u>	
0	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02				<u> </u>			
OA		10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03		 				 	
1 1A	Healthy Families (SED) Units	07/01/02 - 09/30/02				 -	l	 	
	Non-Medi-Cal Units	10/01/02 - 06/30/03		51,688		-	 -	 	
	Months and the second s			25,575,555,555,555	ndargaya n	151451 <u>315</u> 1515151	200000000000000000000000000000000000000		1905-0-0910-0
3	Medi-Cal Costs	07/01/02 - 09/30/02	475,397	475,397					
ЗА		10/01/02 - 06/30/03	1,216,223	1,216,223				ļ	<u> </u>
4	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	375,386	375,386				<u> </u>	
<u>4</u> A		10/01/02 - 06/30/03	960,362	960,362					 — —
5	Medi-Cai Published Charges	07/01/02 - 09/30/02	715,108	715,108		<u> </u>	<u> </u>	 	
5A		10/01/02 - 06/30/03	1,829,482	1,829,482		<u> </u>		<u> </u>	
6A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	375,386	375,386				ļ	
DA 	22222222222222222222222222222222222222	10/01/02 - 06/30/03	960,362	960,362	00000000000				10000000000
7	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	55,039	55,039					
7A	Wilder Car Circasoval Costs	10/01/02 - 06/30/03	153,564	153,564					
<u>8</u>	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	43,461	43,461					<u> </u>
8A		10/01/02 - 06/30/03	121,258	121,258		<u> </u>	<u> </u>		
9	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	82,792	82,792		<u> </u>	<u> </u>		<u> </u>
9A		10/01/02 - 06/30/03	230,996	230,996		<u> </u>	L		l ———
0	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02	43,461	43,461			<u> </u>	<u> </u>	
OΑ		10/01/02 - 06/30/03	121,258	121,258	, , , , , , , , , , , , , , , , , , , 			2.11.11.11.11.11.11.11.11.11.11.11.11.11	***********
1	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
1A	- I DIVIO COSIS	10/01/02 - 06/30/03							
2	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
ZA	Opper Limits	10/01/02 - 06/30/03							
3	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						<u> </u>	 _
JA		10/01/02 - 08/30/03					<u> </u>	ļ	
4	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02					L		
4A		10/01/02 - 06/30/03							1
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03			<u> </u>			1	1
		07/01/02 - 06/30/03				l —			
	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
9	<u>. 000 (1000 000 000 000 000 000 000 000 0</u>	07/01/02 - 09/30/02		102233		1000000000	3000000000		100000000000
9A	Healthy Families Costs	10/01/02 - 06/30/03	\vdash			 	 	\vdash	
0		07/01/02 - 09/30/02							
0A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	 	 		 -	 -	 	
		07/01/02 - 09/30/02		 		 	 -	 	
	Healthy Families Published Charges	10/01/02 - 06/30/03						 	
		1 1 41 0 11 0 E - 0010 0110 0							
11A				1		t	ı	1	
	Healthy Families Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03				<u> </u>		 	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

	County Code: 19	MEDICAL CENTED		NR B I	NR C T	NR D	NR E	NR F	NR G
1 0/	Legal Entity: MARTIN LUTHER KING/DREW	MEDICAL CENTER	A -	Service	Service	Service	Service	Service	Service
20)	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
	Most. to Capation (110grain 1)		1 111000 10121	04	10	34	42	52	62
1	Allocation Percentage		100.00%	1.67%	2.87%	3.16%	37.03%	4.02%	46.20
2	Total Units		1,164,338	32,225	42,911	47,322	554,533	60,126	373,01
3	Gross Cost		4,447,185	74,409	127,632	140,752	1,646,848	178,836	2,054,68
4	Cost per Unit	00000000000000000		2.31	2.97	2.97	2.97	2.97	5.5
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	4.;
6	Published Charge per Unit			4,00	4.59	4.59	4.59	4.59	5.4
7	Negotiated Rate / Cost per Unit			1.77	2.28	2.28	2.28	2.28	4,
8		107/04/02 00/00/02	400 606	5,765			Particular state of the state o	14,351	62,6
BA	Medi-Cal Units	07/01/02 - 09/30/02	190,696		9,137 28,044	5,130 27,814	86,236	26,532	139,0
9		10/01/02 - 06/30/03	457,561	15,599	20,044	21,014	_197,498	20,532	139,0
9A	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02 10/01/02 - 06/30/03	-						
10		07/01/02 - 09/30/02	-						
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03	_					_	
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03	 					-	
11		07/01/02 - 09/30/02						_	
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units	110/01/02 - 00/00/00	516,081	10,861	5,730	14,378	270,799	19,243	171,2
	<u> </u>	100000000000000000000000000000000000000				######################################			
13 13A	Medi-Cal Costs	07/01/02 - 09/30/02	730,391	13,312	27,177	15,258	256,103	42,685	345,3
14		10/01/02 - 06/30/03	1,728,668	36,019	83,412	82,728	586,528	78,916	765,8 265,2
14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	562,445	10,204	20,832 63,940	11,696	196,618	32,720	588,1
15		10/01/02 - 06/30/03	1,332,435	27,610		63,416	450,295	60,493 65,871	341,6
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02	933,636	23,060 62,396	41,939 128,722	23,547 127,666	395,823	121,782	757,7
16		10/01/02 - 06/30/03	2,234,993	10,204		11,696	906,516	32,720	265,2
16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	562,445 1,332,435	27,610	20,832 63,940	63,416	196,618 450,295	60,493	588,1
		10/01/02 - 06/30/03	1,332,433	21,610	00,540	03,710	430,283	00,483	300,1
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03		_					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02				_			
18A		10/01/02 - 06/30/03	1						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02			}				
19A		10/01/02 - 06/30/03				_			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	 	10/01/02 - 06/30/03			0000000000000				100000000000000000000000000000000000000
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03					_		
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
244		10/01/02 - 06/30/03			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************			
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03		, i					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02			e de la composition della comp	1.00 0.00 0.00 0.00	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		grafia ta
29A	Healthy Families Costs	10/01/02 - 06/30/03	 				 		
30		07/01/02 - 09/30/02	 						
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	 		-				
31		07/01/02 - 09/30/02	 			_		_	
31A	Healthy Families Published Charges	10/01/02 - 06/30/03	 						
32		07/01/02 - 09/30/02	 		-	-		_	
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03	 						
				· · · · · · · · · · · · · · · · · · ·	I		1	į.	

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1985A (10/04)

DETAIL COST REPORT

County: Los Angeies County Code: 19		NR						
Legal Entity: MARTIN LUTHER KING/DREV	MEDICAL CENTER	Н		J	K_		M	N
Legal Entity Number: 00503		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
1 Allocation Percentage		77 5.04%		ļ -		 -	 	
2 Total Units		54,210					 -	
3 Gross Cost		224,026		 				
000110000000000000000000000000000000000	con a consideration de la						444444444	
5 SMA per Unit	 -	4.13 3.41						 -
6 Published Charge per Unit		5.65						
7 Negotiated Rate / Cost per Unit		3.41						
8 Mod Callaga	07/04/02 00/00/02	7 200	<u>oningrapidae</u>			0200000000	10000000000	0000000000
8A Medi-Cat Units	07/01/02 - 09/30/02	7,380 23,040			 		 	
<u> </u>	07/01/02 - 09/30/03	23,040					l	
9A Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	07/01/02 - 09/30/02						 	
10A Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A[10/01/02 - 06/30/03							
12 Non-Medi-Cal Units		23,790						
13	07/01/02 - 09/30/02	30,498	<u> </u>		ranangahati tabat Trib	<u> </u>	F 4 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	<u> </u>
13A Medi-Cal Costs	10/01/02 - 06/30/03	95,214						i — — `
14 Madi Cal CMA Unana Limita	07/01/02 - 09/30/02	25,166						
14A Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	78,566						
15 Medi-Cal Published Charges	07/01/02 - 09/30/02	41,697						
15A	10/01/02 - 06/30/03	130,176						
Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	25,166						! _
16A	10/01/02 - 06/30/03	78,566						
17 Madisangladi Cal Carana Carta	07/01/02 - 09/30/02		**********					
17A Medicare/Medi-Cal Crossover Costs	10/01/02 - 06/30/03							
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A	10/01/02 - 06/30/03							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A	10/01/02 - 06/30/03				 			 _
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02			<u> </u>				<u> </u>
20A Medical envieur-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03			**************	24,22,43,13,13,13,13,13			
21 Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A Enlanced SD/MC Costs	10/01/02 - 06/30/03							
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A ''	10/01/02 - 06/30/03							L
23 Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A	10/01/02 - 06/30/03					ļ. <u> —</u> .	 _	
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02			ļ	 	 	 	
24A Emaliced Servic Negotiated Rates	10/01/02 - 06/30/03					atataman (no de la constitución de		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03				 			
29 Hank, Sanika Costa	07/01/02 - 09/30/02							
Healthy Families Costs	10/01/02 - 06/30/03							
30 Healthy Families SMA Linear Limits	07/01/02 - 09/30/02							
30A Healthy Families SMA Opper Limits	10/01/02 - 06/30/03							
31 Healthy Families Published Charges	07/01/02 - 09/30/02							
31A	10/01/02 - 06/30/03							
32 Healthy Families Negotiated Rates	07/01/02 - 09/30/02							ļ
32A	10/01/02 - 06/30/03							
33 Non-Medi-Cal Costs	<u>Carana da da</u>	98,314	<u> </u>	1	1			1

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: Los Angeles County Code: 19

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	Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER	Α	В [С	D	E	F	G
Le	gal Entity Number: 00503	-	Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function_	Function	Function
			10	20_				
1	Allocation Percentage	100.00%	86.10%	13.90%				
2	Total Units		1,239	210				
3	Gross Cost	26,658	22,952	3,706				
4	Cost per Unit		18.52	17.65	<u>annanjaanjananana</u>	14		-1
5	Non-Medi-Cal Units		1,239	210				
6	Non-Medi-Cal Costs	26,658	22,952	3,706	141-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			<u> </u>

Fiecal Year 2002-2003

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

County: Los Angeles County Code: 19				DEIRENINA	EMENT TYPE	SMA		SMA		l	Contra	í
Legal Entity: MARTIN LUTHER KING/DR	FW MEDICAL CENTER	A B C			EMENT TYPE	SMA E	F -	SMA G	н		Costs	к
Legal Entity Number: 00503	EN MEDICAL CENTER	^		<u> </u>		Total				Total		Total
		7	Mode 55		Total	Inpatient	1			Outpatient	_ :	Outpatient
			S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. I + Col. J)
	107/04/02 00/07/02	S. F's 01-09	31-39	S.F.'s 21-29		Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	
1 Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1				898,752	i ——	475,397	730,391	1,205,788		1,205,788
	07/01/02 - 09/30/02					2,580,330 687,988		1,216,223 375,386	1,728,668 562,445	2,944,891 937,832	 	2,944,89 937,83
Medi-Cal SMA	10/01/02 - 06/30/03					2,019,653	 -	1 960 362	1 332 435	2 292 797		2 292 79
Medi-Cal SMA Medi-Cal P. C.	07/01/02 - 09/30/02					1,413,071		715,108	1,332,435 933,636	2,292,797 1,648,744		2,292,79 1,648,74
A Modification	10/01/02 - 06/30/03					3,948,524		1,829,482	2,234,993	4,064,475		4,064,47
Medi-Cal N. R.	07/01/02 - 09/30/02					687,988		375,386	562,445	937,832		937.83
A 	10/01/02 - 06/30/03					2.019.653	101010000000000	960,352	1,332,435	2,292,797		2,292,79
Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02			86663555	*****	687,988		375,386	562,445	937,832		937,83
SA	10/01/02 - 06/30/03					2,019,653		960,362	1,332,435	2,292,797		2,292,79
Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02					3,332		55,039		55,039		55,03 153,56
SA Medical ermedi-Cal Crossover Cost	10/01/02 - 06/30/03					83,288		153,564		153,564		153,56
Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02					2,515		43,461		43,461		43,46
<u>/A · ·</u>	10/01/02 - 06/30/03 07/01/02 - 09/30/02					62,865		121,258		121,258		121,25
Medicare/Medi-Cal Crossover P. C.	10/01/02 - 06/30/03	1				5,325 133,125		82,792 230,996		82,792 230,996		82,79 230,99
,	07/01/02 - 09/30/02					2,515	 	43,461		43,461		43,46
Medicare/Medi-Cal Crossover N. R.	10/01/02 - 06/30/03					62,865		121,258		121,258		121.25
10 Madigara Mardi Cal Companyor Comer Baim	07/01/02 - 09/30/02						220222	43,461	000000000	43,461		43,46
Medicare/Medi-Cal Crossover Gross Reim.	10/01/02 - 06/30/03	 	 	 		2,515 62,865		121,258		121,258		121,25
001 <u>0000000000000000000000000000000000</u>	000000000000000000000	451111111				*******						
Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1::::::::::::::::::::::::::::::::::::::				690,502		1,081,621	562,445 1,332,435	981,292 2,414,056		981,29 2,414,05
2 Spheroad SDMC (Children) Cost		4		1		2,082,518		(,001,02)	1,332,435	2,717,030		2,914,03
Enhanced SD/MC (Children) Coat	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
Enhanced SD/MC (Children) Cost Children Cost Cost	07/01/02 - 09/30/02	1		 		 -	 				 	
Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03	- (111111111111111111111111111111111111		 				 -			 -	
4 Enhanced SD/MC (Children) B. C	07/01/02 - 09/30/02											
4A Chilishad Sorrie (Children) F. C.	10/01/02 - 06/30/03											
Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
[5A]	10/01/02 - 06/30/03					***	******	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	***********	ranger en en en en en		
Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
IGA I	10/01/02 - 06/30/03						, ,,,,, ,,,					
7 Enhanced SD/MC (Refugees) Cost 8 Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
B Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
9 Enhanced SD/MC (Refugees) P. C. 0 Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03	12000000										
	07/01/02 - 06/30/03						Control Services		.) Cararatana <u>sa</u> tan		
Total Medi-Cal Gross Reimbursement (Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 09/30/02					690,502		418,847	562,445	981,292		981,29
1A (Excludes Refugees) 2 Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03					2,082,518		1,081,621	1,332,435	2,414,056		2,414,05
2 Ennanced SU/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03						**************************************	250 10 10 10 10 10 10 10 10 10 10 10 10 10				**************************************
3 Healthy Families Cost	07/01/02 - 09/30/02											
3A	10/01/02 - 06/30/03											
4 Healthy Families SMA	07/01/02 - 09/30/02											
(4A)	10/01/02 - 06/30/03 07/01/02 - 09/30/02										a a a a a a a a a a a a a a a a a a a	
5 Healthy Families P. C.	10/01/02 - 06/30/03						 					
6 Healthy Families N. P.	07/01/02 - 09/30/02						 					
6 Hesithy Families N. R.	10/01/02 - 06/30/03											
	07/01/02 - 09/30/02					<u> </u>	100000000000000000000000000000000000000		<u>। स्टब्स्य स्टब्स्य वर्ष</u>		100000000000000000000000000000000000000	<u>aatelelaksististat</u> I
Healthy Families Gross Reim.	10/01/02 - 06/30/03											
Less: Patient and Other Payor Revenues												
8 SD/MC + Crossover Revenues	07/01/02 - 09/30/02					41,413		5,983	500	6,483		6,48
BA	10/01/02 - 06/30/03					122,275		15,581	1,169	16,850		16,85
g Enhanced SD/MC (Children) Revenues D Enhanced SD/MC (Refugees) Revenues		1		 	 		 					
Enhanced SD/MC (Refugees) Revenues Healthy Families Revenues		100000000000000000000000000000000000000		1			 				 	
2 Total Expenditures from MAA (Mode 55)	<u> </u>		****	100000000000000000000000000000000000000				CONTRACT		*****		1.13.4.1.1.1.1.1
Medi-Cal Eligibility Factor (Average)		1011000000000			500000000000000000000000000000000000000							gagagagagagagagagagagagagagagagagagaga
4 Revenue - MAA		100000	25 ST									
00 200000000000000000000000000000000000	07/04/00 04/24/24	4	<u> </u>					تتبيينا				اسيانسام
Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02 10/01/02 - 06/30/03	-	1010101010101010101			649,089		412,864 1,065,940	561,945	974,809	 	974,80
6 Net Due - Enhanced SD/MC (Refugees)	10/01/02 - 00/30/03	- Harris Harris				1,960,243		1,065,940	1,331,266	2,397,206	 	2,397,200
7	07/01/02 - 09/30/02	 		 								
7A Net Due - Healthy Families	10/01/02 - 06/30/03											
	<u> </u>	1								100 Table 10		
Amount Negotiated Pates Evened Costs		_1:::::::::::::::::::::::::::::::::::::	taka kalenda kalenda k	*:-:-::::::::::::::::::::::::::::::::::		r. : 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	Particular in the Control of the Control	<u> 1868 - British Briti</u>		<u>naidhiriaidhich</u>	<u> </u>	
Amount Negotialed Rates Exceed Costs	107/01/02 - 09/30/02	110000 to 000000		4.11.11.11.11.11.11	Constitution of							
8 SD/MC (Includes Children)	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
	07/01/02 - 09/30/02 10/01/02 - 06/30/03 07/01/02 - 09/30/02											

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH Fiscal Year 2002-2003

DETERMINATION OF SOMIC + CROSSOVER FFP DOLLARS MH 1870 (10/04)

County: Los Angeles County Code: 19

Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER
Legal Entity Number: 00503 0 5 7 U Made: 10 - Day Services С G J к M a R В D E ι SD/MC + Crossover
Gross Reimbursernent Costs
Using SMA Upper Limits
From MH1985_MODE10

(D *I) (E * I) Medi-Cai Patient and Other Payor Revenue Net Direct Costs (Gross Reim, Costs - Revenue) Breakdown of 2nd Period Units as a Percentage Data Typ SD/MC + Crossover Units FFP Dollars From MH1901_Schedule_B (D * M) (E * M) | Calculated | B / (B + C) | C / (B + C) Calculated

Calcul (O + P) 2nd Penod/ 2nd Period/ 2nd Period/ 2nd Period/ 2nd Period/ Part I Total 2nd Period 2nd Period/ 2nd Penodi Total 2nd Period 2nd Penod/ 2nd Period/ Part II Total 2nd 2nd Period/ Part II 1st Period Part II Part I Part II Part Part II Part Period MH1968 | MH1901 Net Costs 10/01/02 -03/30/03 MH1901 Sch. B Coet Rpt. Settlem Line # Type 2nd Penod/ Part II FFP % 54.35% Revenue 04/01/03 -06/30/03 Net Costs 07/01/02 -09/30/02 Net Costs 04/01/03 -06/30/03 Units 07/01/02 -Units 10/01/02 -Units 04/01/03 -Costs 07/01/02 -Costs 10/01/02 -Costs 04/01/03 -Costs 10/01/02 -Revenue 10/01/02 -03/30/03 Revenue 10/01/02 -06/30/03 Net Costs 10/01/02 -Revenue 07/01/02 -04/01/02 -Part I FFP % 50.00% 320,534 10/01/02 -03/30/03 60.14% 418.847 650.498 431,122 1,081.621 412.864 641,068 5.983 7.843 5.196 39.86% Equivalent values from MH1948 418,847

ITMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

DETAIL COST REPORT

DETERMINATION OF SDINC + CROSSOVER FFP DOLLARS MH 1870 (1004)

County: Los Angeles County Code: 18

Logal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER

		00503				$\overline{}$															1	г——			
<u> </u>	Mode:	16 - Outpet	tient (Progr	ram 1)		6	c	D	E		G SDAUC+	H -		J	K .	L	w	N _	0	Р	<u> </u>	R	S	Т	U
				Deta Type		MC + Crossover		Units at a Percentage Gross Reimbursement Costs				Medi-Cal Patient and Other Payor Revenue From MH1901, Schedule, B				Net Direct Costs (Gross Reim. Costs - Revenue)			FFP Dollars						
		Source From MH1901 Schedule 8 Supplemental Calculated Formule 8 / (8 + C) C / (8 + C)			C / (B + C)	From MH1966_MODE15_(1) (O * I) (E * I)			From MH1901 Schedule B (D * M) (E * M)			Calculated (F - J) (G - K) (H - L) (O + P)			(O+P)	Calculated (51.40% * N) [(50.00% * O) [(54.35% * P)] (S+T)									
MH1966	MH1901			Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	1	2nd Period/ Part II	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period	2nd Period/ Part I	2nd Period/ Part II	Total 2nd Period	1st Period FFP \$ 67/01/02 - 09/30/02	2nd Period/ Part I FFP \$ 10/01/02 - 03/30/03	2nd Period/ Part II FFP \$ 04/01/02 - 06/30/03	Total 2nd Period FFP 04/01/02 - 06/30/03
Cost Report Column	Sch. B Cost Rpt. Line #	Settlement Type	Mode	Service Function	Units 07/01/02 - 09/30/02	Unite 10/01/02 - 03/30/03	Units 04/01/03 - 06/30/03	in 10/01/02 - 03/30/03	in 04/01/02 - 06/30/03	Costs 07/01/02 - 09/30/02	Coets 10/01/02 - 03/30/03	Coete 04/01/03 - 06/30/03	Costs 10/01/02 - 06/30/03	Revenue 07/01/02 - 06/30/02	Revenue 10/01/02 - 03/30/03	Revenue 04/01/03 - 06/30/03	Revenue 10/01/02 - 08/30/03	Net Coeta 07/01/02 - 09/30/02	Net Costs 10/01/02 - 03/30/03	Net Costs 04/01/03 - 06/30/03	Net Costs 10/01/02 - 06/30/03	1st Period FEP % 51.40%	2nd Period/ Part I FFP % 50.00%	2nd Period/ Part II FFP % 54.35%	
B C	- 4	NR NR	15 15	24	5,765 9,137	13,294	2,305 5,115	85,22% 81,76%	14.78%	10.204 20.632	23,530 52,276	4,080 11,662	27,610 63,940					10,204	23,530 52,278	4.080 11.662	27.610 63.940	5.245 10.708	11.765 26.139	2.217 6.338	13,98 32,47 32,25 227,67 30,67 297,80
<u> </u>	6	NR NR	15		5,130 86,236	22,929 22,309 166,043	5.506	80.21%	19,79%	11,696 198,618	52.276 50.865 378.578 50.753 502.054 58.280	12.551 71,717	63,416 450,295 60,493	500	983	186	1,169	20,832 11,696 196,118	52.278 50.865 377.595	12.551	63,416 449,126	6,012	26,139 25,432 188,798	6,822 38.877	32.25
Ē		NR	15	52	14,351	22 280	4 272	83.90%	16 10%	32.720 265.206	50,753	9,740	60,493				1.109	32 720	50.753	9.740	60,493	16,818	1 23,3/6	5,294	30.67
G H	10	NR NR	15		62.697 7.380	118.559 17.065	20,345 5,955	85.37% 74.15%	14,83% 25,85%	266,206 25,166	502,054 58,290	86,059 20,307	588,114 78,566				 	265,208 25,166	502.054 58.260	86,059 20,307	588,114 78,596	136,317 12,935	251,027 29,130	46.773 11.037	40.16
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							1		Totals	562,445	1,116,318	216,117	1,332,435	500	983	186	1,169	561 945	1,115,335	215,931	1,331,266	_268,840	557,688	117,358	675,02

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: Los Angeles

County Code: 19

Legal Entity: MARTIN LUTHER KING/DREW MEDICAL CENTER

Lega	al Entity Number: 00503	Α	В	С	D	E	F	
	Data Type	Net Dire	ct Costs	FF	P	Effective _FFP%		
	Data Type	(Gross Reim. C	osts - Revenue)	Doll	ars_			
	Source	MH1	970s	MH19	970s	Calcu	lated	
		Column N	Column Q	Column R	Column U	Calcu		
	Formula Promula					(C6 / A6)	(D6 / B6)	
	Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
		07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
	Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02_	06/30/03	
_ 1	05 - Hospital Inpatient (SFC 10-19)	649,089	1,960,243	333,632	1,014,239		Mari an and the second	
2	05 - Other 24 Hour Services (All Other SFC)						CELL Harden Contra	
3	10 - Day Services	412,864	1,065,940	212,212	551,452		A to a rest to the second	
4	15 - Outpatient (Program 1)	561,945	1,331,266	288,840	675,026			
-5	15 - Outpatient (Program 2)							
6	Totals	1,623,898	4,357,449	834,684	2,240,717			
7	Totals from MH1979	1,623,898	4,357,449	834,684	2,240,717			
8	Effective SD/MC FFP %					51.40%	51.42%	

DETAIL COST REPORT

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

DEPARTMENT OF MENTAL HEALTH

County: Los Angeles County Code: 19							FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
Legal Entity: MARTIN LUTHER KIN	G/DREW MEDICAL CENTER		В	С	D	<u>E</u>	_ F	G	H	- 1	J
Legal Entity Number: 00503		Total	Total	Total		50%	51.40%	51.42%	¹Variable %	75%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement											
1 County SD/MC Direct Service Gross Re											
2 Contract Provider Medi-Cal Direct Serv											
3 Total Medi-Cal Direct Service Gross Re										 	
4 Medi-Cal Administrative Reimbursemen 5 Medi-Cal Administration	nt Limit										
6 Medi-Cal Administration 6 Medi-Cal Administrative Reimbursemen											<u> </u>
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Healthy Families Administrative Reimbo											
7 County Healthy Families Direct Service											
8 Healthy Families Administrative Reimbo	ursement Limit										
9 Healthy Families Administration											
10 Healthy Families Administrative Reimbo	ursement										
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Function	ns 01 - 09					1					
12 Medi-Cal Admin. Activities Svc Function	ns 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Function	ns 21 - 29 (County Only)										
14 Utilization Review-Skilled Prof. Med. Pe	reanel (County Only)									1000000000000	011-1-1-1-1-1-1-1-1-1-1-1-1
15 Other SD/MC Utilization Review (Count	h Only)					1	 	 			
	*******************										(1414)4141414141414141414
16 SD/MC Net Reimbursement for Direct \$	07/01/02 - 09/30/02		649,089	974,809	1,623,898		834,684				834,684
	10/01/02 - 06/30/03		1,960,243	2,397,206	4,357,449			2,240,717			2,240,717
Enhanced SD/MC Net Reimb. (Children	07/01/02 - 09/30/02				Ĺ						
[1/A]	10/01/02 - 06/30/03				<u> </u>						
18 Enhanced SD/MC Net Reimb. (Refugee	es)										*.*.*.*.*.*.
19 Total SD/MC Reimbursement Before Ex	xcess FFP										3,075,401
20 Amount Negotiated Rates Exceed Cost	s - SD/MC & Enh. SD/MC			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							<u>, </u>
21 Total SD/MC Reimbursement (FFP)											3,075,401
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement	(FFP)										3,075,401
24	07/01/02 - 09/30/02								<u> </u>		<u>ologicki) kilololol</u>
Healthy Families Net Reimbursement	10/01/02 - 09/30/02				 						
25 Total Healthy Families Reimbursement											
26 Amount Negotiated Rates Exceed Cost											
27 Total Healthy Families Reimbursement											
Ti Cran realtry rannings Keitupulsentent				<u> Kiistoo ka kii kii kii kii kii kii kii kii kii </u>			<u> 1666 (5666666</u>		<u> </u>		

DEPARTMENT OF MENTAL HEALTH

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2002-2003 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (10/04)

Fiscal Year 2002-2003

COUNTY NAME: Los Angeles				NAME: MARTIN LUTHER KING/DREW MEDICAL CENTER							
COUNTY CODE: 19			LEGAL ENTITY		NUMBER: 00503						
_A	В	С	D	E	F	G	Н	1			
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT			
	19531	\$231.30	07/01/02 - 07/31/02	10	\$ 2,313	\$397	\$192	\$2,902			
SD/MC	19531	\$236.38	08/01/02 - 09/30/02	123	\$ 29,075	\$4,882	\$2,362	\$36,319			
35/mg	19531	\$236.38	10/01/02 - 12/31/02	364	\$ 86,042	\$14,448	\$6,990	\$107,480			
	19531	\$236.38	01/01/03 - 06/30/03	631		\$25,045	\$12,118	\$186,319			
	777	2 G. C.			And the state of t		A Stiller	333,020			
		\$231.30	07/01/02 - 07/31/02	ļ							
Children EMC		\$236.38	08/01/02 - 09/30/02					<u> </u>			
		\$236.38	10/01/02 - 12/31/02								
		\$236.38	01/01/03 - 06/30/03				Signature (Solid Total)	More to the second			
	ALCOHOL STATE OF THE STATE OF T	\$231.30			7.84		SHIP-MENTAGUD TOURE				
	———		07/01/02 - 07/31/02			 		_			
Refugees EMC		\$236.38	08/01/02 - 09/30/02								
		\$236.38	10/01/02 - 12/31/02								
The state of the s		\$236.38	01/01/03 - 06/30/03		Million Carpet Season		Sub (qua)	rtigras,			
		\$231.30	07/01/02 - 07/31/02								
Healtha Familia		\$236.38	08/01/02 - 09/30/02								
Healthy Families		\$236,38	10/01/02 - 12/31/02								
		\$236.38	01/01/03 - 06/30/03								
					A 7: ()		Sub Total	Mary Mary Mary			
	· · · · · · · · · · · · · · · · · · ·		- CPA	ND TOTAL	\$ 266,586	\$ 44,772	\$ 21,662	\$ 333,020			